

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/936492

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9	1						59						
10		1					60						
11		2					61						
12		2					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
22	1						72						
23		1					73						
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39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	5						TOTAL						
TOTAL	18						IND.						
TOTAL	53						DEP.						
TOTAL							CLAIMS						